

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155362</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>01/14/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>GOLDEN LIVING CENTER-MERRILLVILLE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>8800 VIRGINIA PL</b> <b>MERRILLVILLE, IN 46410</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit for the Investigation of Complaints IN00187605, IN00189225 and IN00189491.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on November 19, 2015.</p> <p>Complaint IN00187605 - Substantiated. No Federal/State deficiencies related to the allegations are cited.</p> <p>Complaint IN00189225 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00189491 - Substantiated. No Federal/State no deficiencies related to the allegations are cited.</p> <p>Survey dates: January 13 and 14, 2016.</p> <p>Facility number: 000253 Provider number: 155362 AIM number 100266660</p> <p>Census bed type: SNF/NF: 139 Total: 139</p> <p>Census payor type: Medicare: 14 Medicaid: 104 Other: 21 Total: 139</p> <p>Sample: 13</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1  Golden Living Center-Merrillville was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaints IN00187605, IN00189225 and IN00189491.  Quality review completed by 26143, on January 20,2016.	F 000			